

2016 REQUEST FOR CAMPERSHIP – ONE CAMPING PERIOD ONLY**CONFIDENTIAL****PLEASE PRINT CLEARLY**

Camperships are available for camp programs operated by the Western Massachusetts Council only.

WMC Boy Scout Resident Camp____ WMC Cub Scout Resident Camp____

WMC NYLT____ WMC Cub Scout Day Camp____

Dates applicant will attend camp: From _____ to _____, 2016.

Scout's Name: _____

Pack/Troop/Crew/Post (*Circle one*) Number: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Check if this Scout sold: _____ Popcorn _____ Camp Cards _____ Other (*list here:* _____)

Special Circumstances (if any):

Please assist the Western Massachusetts Council and our generous benefactors by filling out the following demographic information:

Step 1- Please indicate your Ethnicity (choose one)

☐ Hispanic/Latino ☐ non-Hispanic

Step 2- Please indicate your Race (choose one or more that best describes your scout)

☐ White ☐ African-American ☐ Asian ☐ American Indian Native Hawaiian

☐ Asian & White ☐ African-American & White Other/multi-racial

SEE THE NEXT PAGE FOR MORE REQUIRED INFORMATION

Household Income Information

HOUSEHOLD SIZE: Please circle the number of persons living in your household, including yourself.

HOUSEHOLD INCOME: Please circle the total yearly income from all sources for your household that your household is less than under the column for your household size.

Household Information (FY2016 Income Limits Updated March 2016)			
HOUSEHOLD SIZE	HOUSEHOLD INCOME: Check the total yearly income from all sources for our household.		
# of Persons in Household (circle one)	Extremely Low (30%) Income Limits	Very Low (50%) Income Limits	Low (80%) Income Limits
1 person	Less than \$17,500 _____	\$17,501-29,150 _____	\$29,151-46,000 _____
2 persons	Less than \$20,000 _____	\$20,001-33,300 _____	\$33,301-52,600 _____
3 persons	Less than \$22,500 _____	\$22,501-37,450 _____	\$37,451-59,150 _____
4 persons	Less than \$24,950 _____	\$24,951-41,600 _____	\$41,601-65,700 _____
5 persons	Less than \$28,440 _____	\$28,441-44,950 _____	\$44,951-71,000 _____
6 persons	Less than \$32,580 _____	\$32,581-48,300 _____	\$48,301-76,250 _____
7 persons	Less than \$36,730 _____	\$36,731-51,600 _____	\$51,601-81,500 _____
8 persons	Less than \$40,890 _____	\$40,891-54,950 _____	\$54,951-86,750 _____

Springfield Residents Only

Check the box if you live in one of the following neighborhoods:

☐ Old Hill & Six Corners

☐ South End

☐ Brightwood Memorial Square

Female Head of Household: (circle one) Yes No

Certification

I certify that the information in this application is true, complete, and correct to the best of my knowledge and belief. The household size and household income indicated above is accurate as of the below date.

PARENT'S SIGNATURE _____ DATE _____

APPLICANTS MUST MAKE A DEPOSIT TOWARDS THE CAMP FEE AT THE TIME THEY SUBMIT THE CAMBERSHIP APPLICATION ** Minimum Deposit per child: \$25.00

Parents will receive an email notification regarding campership qualification and amounts.
Applications received after April 1, 2016 will be considered only if there are funds available.
Please send completed applications, deposits, and any enclosures to:

Camperships
Western Massachusetts Council
1 Arch Road, Suite 5
Westfield, MA 01085

WMC USE ONLY: